

PUBLIC EMPLOYMENT RELATIONS COMMISSION

Street: 603 EVERGREEN PLAZA BUILDING - 711 CAPITOL WAY Mail: P.O. BOX 40919 OLYMPIA, WASHINGTON 98504-0919

(360) 753-3444

PETITION FOR INVESTIGATION OF QUESTION CONCERNING REPRESENTATION [] Amended Petition in Case _____-E-___

DO NOT WRITE IN THIS SPACE

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PUBLIC EMPLOYMENT RELATIONS COMMISSION

Instructions: See other	side of this form. Applicable Rules: Chapters 10-08, 391	-08 aı	nd 391-25 WAC.
	ms that a question concerning representation exists mployees of the employer named below.	6.	BARGAINING UNIT
1. EMPLOYER	Washington State PATROL	a.	EMPLOYER'S PRINCIPAL BUSINESS
CONTACT PERSON ADDRESS CITY/STATE TELEPHONE	Juliet JONES.W 210 11= PAVE S.W OLYMPIA WA ZIP 98504-2666 (360) 753-02687 FAX (310)664-066	` } c. l	DEPARTMENT OR DIVISION INVOLVED Facility Managert SECTION DESCRIPTION OF BARGAINING UNIT Indicate inclusions exclusions, contract page or case/decision number:
ATTORNEY or REPRESENTATIVE ADDRESS CITY/STATE TELEPHONE			
2. PETITIONER	Supravisons TAAdes Assoc.		
CONTACT PERSON ADDRESS CITY/STATE TELEPHONE	DENN'S BAINSEY 4416 SUPSET DR W UNIVERSITY PLACE WAZIP 98466 253,620-6022EXT. FAX 253,620-80	ደና	
ATTORNEY or REPRESENTATIVE		d.	NUMBER OF EMPLOYEES IN BARGAINING UNIT
ADDRESS		7.	DESIGNATION OF REQUEST Indicate:
CITY/STATE TELEPHONE	ZIP		 RECOGNITION REQUEST. The petitioner claims to represer a majority of the employees involved, and requests certification as exclusive bargaining representative of the bargaining unit
3. INCUMBENT	BARGAINING REPRESENTATIVE Indicate:		CHANGE OF REPRESENTATIVE. The employees in the
[] The employees involved are not currently represented for bargaining; or [] The employees involved are currently represented by:			bargaining unit desire to change their designation of exclusiv bargaining representative, and to designate the petitioner a their exclusive bargaining representative.
ORGANIZATION			[] DECERTIFICATION. The employees in the bargaining unit n longer desire to be represented by any employee organization
CONTACT PERSON ADDRESS CITY/STATE	ZIP		[] EMPLOYER PETITION - DEMAND FOR RECOGNITION The employer has been presented with one or more demand for recognition (per attached documentation), and requests determination by the Commission.
ATTORNEY or REPRESENTATIVE	() EXT FAX ()		[] EMPLOYER PETITION - INCUMBENCY QUESTIONED. The employer has a good faith belief (per attached documentation that a majority of employees no longer desire representation by the incumbent exclusive bargaining representative.
ADDRESS CITY/STATE	ZIP	8.	OTHER RELEVANT FACTS Indicate, if applicable:
TELEPHONE .	() EXT FAX ()		[] Additional information is set forth on separate sheets attache to this petition form.
[] There has no	E BARGAINING AGREEMENT Indicate: ever been an agreement covering the employees involved; or e current (or most recent) agreement is attached.		AUTHORIZED SIGNATURE FOR PETITIONER
· · ·	* **		

5. SHOWING OF INTEREST A petition filed by an organization or employees must be accompanied by a showing of interest showing that the petitioner has the

support of 30% or more of the employees in the bargaining unit.

SIGNATURE